

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00235853 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 01 / 29 / 2016 </div>	

Full Name of Payee API			Date of Public Distribution/Dissemination		
Mailing Address 4471 Nicole Dr			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y / / / </div>		
City Lanham	State MD	Zip Code 20706	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">62.44</div>		
Purpose of Expenditure T-Shirts		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Transaction ID : D622419 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 01 / 29 / 2016 </div>		
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">107494.30</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee API			Date of Public Distribution/Dissemination		
Mailing Address 4471 Nicole Dr			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y / / / </div>		
City Lanham	State MD	Zip Code 20706	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">481.25</div>		
Purpose of Expenditure Stickers		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Transaction ID : D622420 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 01 / 29 / 2016 </div>		
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">107494.30</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">543.69</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F24A
Transaction ID :

Adjusted expenditure for telephone calls.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign PAC		FEC IDENTIFICATION NUMBER ▼ C C00235853	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 01 / 29 / 2016</div> </div>	

Full Name of Payee Stones' Phones		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y / /	
Mailing Address 41-750 Rancho Las Palmas Dr Ste E-		Amount 6064.75	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D622421
Purpose of Expenditure Telephone Calls	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y / /	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y / /
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6064.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6608.44

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Mr. James Rinefierd

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Signature